

TELEPHONE (312) 258-5500



SCHIFF, HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

1FW#

IN RE APPLICATION OF: Karin JÄRVERUD CONFIRMATION NO.: 8711
SERIAL NO.: 10/620,199 GROUP ART UNIT: 3766
FILED: July 14, 2003 EXAMINER: Natasha Patel

TITLE: MONITOR FOR EARLY DETECTION OF ISCHEMIC HEART DISEASE
APPLICANT'S RESPONSE TO THE MARCH 14, 2006 OFFICE ACTION and SUBMISSION OF TERMINAL DISCLAIMER
MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*22	MINUS	**22	X	() X 25.00 () X 50.00	
INDEP. CLAIMS	*1	MINUS	1	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 500.00 is attached. (Terminal Disclaimer)
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on May 1, 2006

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

May 1, 2006

DATE

CHI\4545340.1

The PTO did not receive the following

listed item(s) the check for \$500,

but we did rec'd \$130.